

FILED FEB 6 1942

Registration District No. 1002

Primary Registration District No. 1002

State File No. 296

Registrar's No. 296

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Jackson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 50 years  
years, months or days

3. (a) PRINT FULL NAME

Robert T. White

3. (b) If veteran, name war

3. (c) Social Security No. no

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Mrs. Alice M. White

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased May 1 - 1862  
(Month) (Day) (Year)

8. AGE: Years 79 Months 86 Days 191  
If less than one day hr. min.

9. Birthplace Jackson Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Meriel White  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Jena Hunter  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice M. White

(b) Address Indef. Mo. R.F.D. #3

17. (a) Burial (b) Date thereof Jan. 22-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Att + Mitchell

(b) Address Independence, Mo.

19. (a) 1-22-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 mi. So. East of Independence  
(If rural, give location)  
(e) Citizen of foreign country? Yes or No  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20  
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from Mar 16 - 1942  
that I last saw him alive on Jan. 20 - 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Pulmonary TBC - Chr -

Due to Chr. Peptic Ulcer

Other conditions 3 B1  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Quinn (M. D. or other) MD  
Address 10307 Highway Date signed 1/22/42

FEB 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
.....  
working under my personal supervision.

Signed.....  
..... Registered Apprentice No.....  
.....  
Licensed Embalmer No..... 646  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.